UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JUN 13 2014

REPLY TO THE ATTENTION OF:

CERTIFIED MAIL 7009 1680 0000 7677 8732
RETURN RECEIPT REQUESTED

Mr. Jon Wardecke
Occupational Safety and Health Manager
Clement J. Zablocki Veterans Affairs Medical Center
5000 W. National Avenue
Milwaukee, Wisconsin 53295

Re: Notice of Violation
RCRA Compliance Evaluation Inspection
USVA Zablocki Medical Center, Milwaukee, Wisconsin
WI8 210 890 002

Dear Mr. Wardecke:

On March 26 and 27, 2013 a representative of the U.S. Environmental Protection Agency inspected the Clement J. Zablocki Veterans Affairs Medical Center (ZVAMC) facility, located at 5000 W. National Avenue in Milwaukee, Wisconsin. The purpose of the inspection was to evaluate ZVAMC's compliance with certain provisions of the Resource Conservation and Recovery Act (RCRA); specifically, those regulations related to the generation of hazardous waste, universal waste and used oil. Please find enclosed a copy of the inspection report for your reference.

Based on information provided by ZVAMC personnel, review of records, and personal observations by the inspector, EPA finds that ZVAMC violated certain requirements of the Wisconsin Administrative Code (WAC) and the United States Code of Federal Regulations (CFR). We find that ZVAMC was in noncompliance with the following hazardous waste requirements:

1. The requirements of WAC Chapter NR 662 Subchapters A to H apply to small quantity generators (SQGs). See, WAC § NR 662.190(2). A generator who transports, or offers for transportation, hazardous waste for off-site treatment, storage or disposal must prepare a manifest. See, WAC § NR 662.020 [40 CFR § 262.20]. For shipments of hazardous waste outside of Wisconsin, the generator must submit a copy of each manifest to the Wisconsin Department of Natural Resources (WDNR) within 30 days of receiving the signed copy from the designated facility. See, WAC § NR 662.023(3).

   During the records review portion of the inspection, the inspector observed that the Treatment, Storage and Disposal (TSD) designated facility manifests for out-of-state

shipments had not been copied and sent to WDNR for shipments that occurred between March 2011 and December 2012. At the time of the inspection, ZVAMC therefore failed to provide TSD manifest receipt copies for the years 2011 and 2012 to WDNR, as required by WAC § NR 662.023(3).

2. The requirements of WAC Chapter NR 662 Subchapters A to H apply to small quantity generators (SQGs). See, WAC § NR 662.190(2). A person who generates a solid waste, as defined in WAC § NR 661.02, must determine if that waste is a hazardous waste. See, WAC § NR 662.011(1) through (4) [40 CFR § 262.11(a) through (d)].

   During the records review portion of the inspection, the inspector reviewed waste determination records. ZVAMC personnel had competed approximately 90% of the waste determinations. Also, during the inspection of the Paint Shop in Building 70, the inspector asked about a waste determination on the used paint booth filters. ZVAMC told the inspector that the used paint booth filter waste determination was based on the primary coatings used in the paint booth, not on the specific paint booth filters. At the time of the inspection, ZVAMC therefore failed to make a hazardous waste determination, as required by WAC § NR 662.0211(1) through (4) [40 CFR § 262.11(a) through (d)].

3. In order to avoid the need for a hazardous waste storage license, a small quantity generator must meet certain conditions. See, WAC § NR 662.192(1) through (4). A small quantity generator may accumulate as much as 55-gallons of hazardous waste or one quart of acutely hazardous waste listed in WAC § NR 661.33(5) in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without an operating license or interim license and without complying with WAC § NR 662.192(1) and (2) provided the generator complies with (1) through (2). See, WAC § NR 662.192(4)(a). An SQG must comply with WAC § NR 665.0171, 665.0172 and 665.0173(1). See, WAC § NR 662.192(4)(a)(1). Specifically, a container holding hazardous waste must always be closed during storage, except when it is necessary to add or remove waste. See, WAC § NR 665.0173 [40 CFR § 265.173(a)].

   During the inspection of the Clinical Laboratory (room number 2633) in Building 111, the inspector observed a hazardous waste SAA container that was not closed. At the time of the inspection, ZVAMC therefore failed to keep a SAA container closed, as required by WAC § NR 665.0173[40 CFR § 265.173(a)].

4. In order to avoid the need for a hazardous waste storage license, a small quantity generator must meet certain conditions. See, WAC § NR 662.192(1) through (4). A small quantity generator may accumulate as much as 55-gallons of hazardous waste or one quart of acutely hazardous waste listed in WAC § NR 661.33(5) in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without an operating license or interim

license and without complying with WAC § NR 662.192(1) and (2) provided the generator complies with (1) through (2). See, WAC § NR 662.192(4)(a) [40 CFR § 262.173(a)].

During the inspection of the Clinical Laboratory (room number 2600) in Building 111, the inspector observed three hazardous waste SAA containers. ZVAMC told the inspector that wastes from these SAAs and other Clinical Laboratories SAAs were consolidated in Room 2629 down the hall which was also managed as a SAA container. At the time of the inspection, ZVAMC therefore, failed to manage the container in Room 2629 as a less than 180 day accumulation container instead of a SAA container, as required by WAC § NR 662.192(4)(a) [40 CFR § 262.173(a)].

5. In order to avoid the need for a hazardous waste storage license, a small quantity generator must meet certain conditions. See, WAC § NR 662.192(1)(a) through (e) [40 CFR 262.34(d)]. A small quantity generator may accumulate hazardous waste on-site for 180 days or less without an operating license or interim license provided that certain conditions are met. See, WAC § NR 662.192(1) [40 CFR § 262.34(d)]. Specifically, the date upon which each period of accumulation begins is clearly marked and visible for inspection on each container. See, WAC § NR 662.192(1)(d)(1) [40 CFR § 262.34(d)(2)].

   During the inspection of the Central Accumulation Area in Building 70, the inspector observed a one-gallon container marked "Trace Metals Waste" which did not have an accumulation start date. At the time of the inspection, ZVAMC therefore, failed to comply with WAC § NR 662.192(1)(d)(1) [40 CFR § 262.34(d)(2)].

6. A small quantity handler of universal waste may accumulate universal waste for no longer than one year from the date the universal waste is generated, or received from another handler. However, a small quantity handler of universal waste may accumulate universal waste for longer than one year from the date the universal waste is generated, or received from another handler, if this activity is solely for the purpose of accumulation of quantities of universal waste as necessary to facilitate proper recovery, treatment or disposal. A small quantity handler of universal waste who accumulates universal waste must be able to demonstrate the length of time that the universal waste has been accumulated from the date it becomes a waste or is received. The handler may make this determination in several ways: marking or labeling the container with the earliest date; marking or labeling each individual item; maintaining an inventory system; placing the universal waste in a specific accumulation area and identifying the earliest date that any universal waste in the area became a waste or was received; or any other method which clearly demonstrates the length of time that the universal waste has been accumulated from the date it becomes a waste. See, WAC § NR 673.15(1) through (3) [40 CFR § 273.15 (a) through (c)].

During the inspection of the Central Accumulation Area in Building 70, the inspector observed a drum with a Universal Waste label and marked "Mercury Containing Waste" with an accumulation start date of "1/10/12". At the time of the inspection, ZVAMC failed to comply with the small quantity handler accumulation requirements, as required by WAC § NR 673.15(1) through (3) [40 CFR § 273.15(a) through (c)].

7. A small quantity handler of universal waste must contain any lamp in containers or packages that are structurally sound, adequate to prevent breakage and compatible with the contents of the lamps. The containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions. See, WAC § NR 673.13(4)(a) [40 CFR § 273.14(d)(1)].

   During the inspection of the Universal Waste Storage Area in Building 20, the inspector observed approximately seven boxes of used fluorescent lamps which were not closed. At the time of the inspection, ZVAMC failed to comply with the small quantity handler containment requirements, as required by WAC § NR 673.13(4)(a) [40 CFR § 273.14(d)(1)].

At this time, EPA is not requiring ZVAMC to apply for a storage license so long as ZVAMC immediately establishes compliance with the conditions for an exemption outlined above. Under Section 3008(a) of the RCRA, 42 U.S.C. § 6928, EPA may issue an order assessing a civil penalty for any past or current violation and requiring compliance immediately or within a specified time period. Although this letter is not such an order, we request that you submit a response in writing to this office no later than thirty (30) days after receipt of this letter documenting the actions, if any, which have been taken since the inspection to establish compliance with the above conditions and requirements.

If you have any questions regarding this letter, please contact Walt Francis, of my staff, at (312) 353-4921.

Sincerely,

Gary J. Victorine, Chief
RCRA Branch

Enclosures

cc: Dolores Hayden, WDNR-Milwaukee Regional Office
(dolores.hayden@wisconsin.gov)
Michael Ellenbecker, WDNR – Sturtevant Service Center
(michael.ellenbecker@wisconsin.gov)

Resource Conservation and Recovery Act Compliance Evaluation Inspection Report

Clement J. Zablocki Veterans Affairs Medical Center
Milwaukee, WI

March 2013

Submitted to:

U.S. ENVIRONMENTAL PROTECTION AGENCY
Ariel Rios, 1200 Pennsylvania Ave., NW
Washington DC, 20004

Submitted by:

Michael K. Prescott, PE
5221 Burke Drive
Alexandria, VA 22309

Under EPA Contract No. EP09H001173

COMPLIANCE EVALUATION INSPECTION REPORT

U.S. Environmental Protection Agency
Ariel Rios, 1200 Pennsylvania Ave., NW
Washington DC, 20004

Facility Name:	Clement J. Zablocki Veterans Affairs Medical Center VAMC
Facility Address:	5000 W. National Ave., Milwaukee, WI 53295
RCRA ID Number:	WI8210890002
Dates of Inspection:	March 26 – 27, 2013
Inspector:	Michael Prescott, Senior Engineer, EPA Contractor, 703-373-3811 5221 Burke Dr., Alexandria, VA 22309
Facility Representatives:	Jon Wardecke, Occupational Safety and Health Manager, 414-384-2000 ext. 42934 (Primary contact) Tim Stauder, Industrial Hygienist, 414-384-2000 ext. 42879 Casey Schimek, Environmental Program Manager, 608-830-6406 Phil Cook, Administrative Officer, Research Jim McClain, Medical Center Deputy Director Chris Houterman, Acting Director, Facility Management Ken Dantoin, Acting GEMS Coordinator, Facility Management Catherine Cole, Safety Tech Lisa Crivello, Medical Tech Margaret Durkin, Lab Manager Lyndsay Jones, Cyto Tech Shabbir Shivji, Radiation Safety Officer Rick Purko, Pharmacy Program Manager Pete Bengtson, Pharmacist Julie Velasquez, Oncology Pharmacy Tech Susan Ahlf, Program Specialist Dr. Said Audi, Associate Professor Steve Lilley, Painter Adam Kreger, Work Leader Robin Casper, Carpenter Tanzy Falck, Inventory Management Specialist

TABLE OF CONTENTS

1. INTRODUCTION 1

2. RESOURCE CONSERVATION AND RECOVERY ACT HAZARDOUS WASTE MANAGEMENT COMPLIANCE EVALUATION 2

2.1 CURRENT APPLICABILITY AND PERMIT STATUS 2
2.2 DOCUMENTS REVIEWED AND RELATED OBSERVATIONS 2
2.3 FACILITIES INSPECTED AND RELATED OBSERVATIONS 3

ATTACHMENTS

ATTACHMENT A: PHOTOGRAPH LOG
ATTACHMENT B: WDNR INSPECTION CHECKLISTS
ATTACHMENT C: WASTE DETERMINATION INFORMATION FOR THE CLINICAL LABS
ATTACHMENT D: MANIFEST FOR 3/26/13 WASTE SHIPMENT

1. INTRODUCTION

The Region 5 office of the United States Environmental Protection Agency (EPA) requested that the Clement J. Zablocki Veterans Affairs Medical Center (ZVAMC), located in Milwaukee, WI, be inspected under the Federal Facilities Inspection Initiative. I (Michael Prescott), under EPA's Federal Facilities Enforcement Office (FFEO) contract, provided assistance to the EPA in preparing for and conducting the inspection, as well as preparing this inspection report of my observations.

The purpose of the inspection was to determine compliance with the Resource Conservation and Recovery Act (RCRA) hazardous waste management regulations. I conducted the inspection of the ZVAMC beginning on March 26, 2013, with an opening conference and concluding with a closing conference on March 27, 2013. ZVAMC was given advanced notice of the inspection on March 25, 2013. Although invited, Wisconsin Department of Natural Resources (WDNR) staff did not participate on the inspection. The last known inspection of the facility was by EPA during a multimedia inspection on 8/31-9/1/04 during which numerous RCRA concerns were identified.

The following general information on the facility was taken from the web site for the facility:

The Clement J. Zablocki VA Medical Center is located on 125 acres on the western edge of Milwaukee and part of VA Integrated Services Network 12 (VISN 12), which includes facilities in Iron Mountain, MI; Tomah and Madison, WI, and North Chicago, Hines, and Chicago. The Medical Center delivers primary, secondary, and tertiary medical care in 168 care acute operating beds and provides over 500,000 visits annually through an extensive outpatient program. The nursing home care unit of 113 beds offers geriatric programming and the 356 domiciliary beds are the locus of programs in Substance Abuse Rehabilitation, Psychiatric Rehabilitation and Post Traumatic Stress Disorder care.

During the inspection, ZVAMC personnel reported that the facility employs about 3,500 people which is over 50% more employees than was present for the last inspection in 2004. The facility had its own police department, heat plant, and vehicle maintenance shop. Jon Wardecke was the primary contact as the Occupational Safety and Health Manager, and he had been the Industrial Hygienist (IH) during the 2004 inspection. Tim Stauder was the current IH and also was responsible for managing the hazardous waste management program. Mr. Stauder became the IH about 8 months ago when he was transferred from the White River Junction, VT VAMC. The GEMS Coordinator position was vacant, but Mr. Wardecke hoped to fill the position this year. The prior GEMS Coordinator, Casey Schimek, was also present for the CEI, but she now worked at the VISN regional office. Mr. Stauder and Ms. Schimek escorted me during the inspection and provided information on the facility.

This report presents observations from the inspection of the ZVAMC facility. Section 1 is this Introduction, and Section 2 outlines the environmental laws and regulations that I evaluated during the inspection and provides key information and compliance-related observations on the facility. Following these two sections are attachments consisting of a photograph log (Attachment A), completed WDNR Inspection Checklists (Attachment B), and other documents related to the ZVAMC inspection. Please note the photographs in the photograph log are

numbered according to the chronological order they were taken.

2. RESOURCE CONSERVATION AND RECOVERY ACT - HAZARDOUS WASTE EVALUATION

2.1 CURRENT APPLICABILITY AND PERMIT STATUS

This section addresses compliance with the hazardous waste regulatory requirements of RCRA. Specifically, the inspection evaluated ZVAMC's compliance with the federal requirements for generators of hazardous waste contained in applicable sections of 40 Code of Federal Regulations (CFR) Parts 261 through 273 and 279 and matching state requirements in Wisconsin Administrative Code (WAC) Chapter NR Parts 661 through 673 and 679. ZVAMC is listed in the EPA Enforcement and Compliance History Online (ECHO) database as a Small Quantity Generator (SQG) of hazardous wastes and is not permitted under the RCRA regulations.

The list of documents for ZVAMC related to RCRA compliance, reviewed as part of the inspection, and associated observations are presented below in Subsection 2.2. The buildings and areas that were visited during the inspection and related observations are provided in Subsection 2.3.

2.2 DOCUMENTS REVIEWED AND RELATED OBSERVATIONS

The listing of documents I reviewed during the inspection and related observations are presented below.

1. Manifests and related Land Disposal Restriction (LDR) records for hazardous waste shipments between 4/26/10 and 3/26/13.
2. Waste determination documentation for several wastes.
3. Training records for hazardous waste management personnel.
4. Weekly inspection logs for the Central Accumulation Area (CAA) for the past three years.
5. Hazardous Waste Annual Reports for 2010, 2011, and 2012.

I reviewed the manifests for hazardous waste shipments made between 4/26/10 and 3/26/13, and they indicated shipments of hazardous waste were sent out about every 90 days. A shipment of hazardous was made on the first day of the inspection, and Mr. Wardecke reported that arrangements for the shipment had been made prior to them being notified of the inspection.

According to Mr. Stauder and Mr. Wardecke, ZVAMC has not exceeded the SQG thresholds in the last three years. I reviewed the manifests back to 4/26/10 and confirmed they had not likely exceeded the SQG thresholds of 2200 pounds of hazardous waste and 2.2 pounds of acute hazardous waste per month during this period. Generation of all types of hazardous waste has been down since 2010 and less than 2200 pounds has been shipped out every 90 days for the past two years. The manifests appeared to be complete, along with associated LDR notices, and no federal regulatory compliance concerns were identified. However, the facility had not submitted copies of the return copies of the manifests from the Treatment Storage and Disposal Facilities

(TSDFs) to the WDNR for out-of-state shipments that occurred between March 2011 and December 2012 (prior to March 2011, the manifests I reviewed listed the TSDF as being located in WI).

Mr. Stauder reported that since he had transferred to ZVAMC about eight months ago, he had been working on completing waste determinations for all wastes generated by the facility. Mr. Stauder believed he was about 90% finished and hoped to complete the remaining waste determinations soon. Most of the waste determinations were made using generator knowledge rather than performing laboratory analyses of the wastes. For at least one waste, the waste paint booth filters (the paint booths are discussed in the next section), I suggested Mr. Stauder may want to consider conducting an analysis of the waste to ensure it is not hazardous.

Mr. Stauder reported he and Catherine Cole were the primary personnel who managed the CAA. I reviewed training records for Mr. Stauder which showed he had received regular and comprehensive RCRA hazardous waste management training. Ms. Cole was the technician who picked up the hazardous waste from the Satellite Accumulation Areas (SAAs) and transferred them to the CAA, and in some cases, poured the contents from smaller containers into larger containers and drums. According to Mr. Wardecke, he provided on-the-job training to Ms. Cole related to hazardous waste management applicable to her responsibilities in 2009, when she first started in the position. Mr. Wardecke also reported he planned to have himself, Mr. Stauder, and Ms. Cole attend RCRA Refresher training, scheduled for 5/16/13 in Brookfield, WI.

I reviewed the weekly inspection logs for the last three years for the CAA, and inspections appeared to have been completed weekly for this period. I also reviewed the Hazardous Waste Annual Reports for the last three years, and they appeared to be complete.

ZVAMC did not have a RCRA Contingency Plan because they were managing hazardous wastes as a SQG. Mr. Wardecke reported that ZVAMC had their own police dept. and hospital and a binder of information on the facility had been given to the local fire dept. According to Mr. Wardecke, the emergency coordinator for the facility was Ms. Jane Whitehouse, who worked in the on-site police dept.

2.3 FACILITIES INSPECTED AND RELATED OBSERVATIONS

ZVAMC generated and stored various types of hazardous, universal, and nonhazardous wastes from Clinical and Research Labs, health care activities, and facilities and vehicle maintenance. According to Mr. Stauder, there was one CAA for hazardous waste at the loading dock for Bldg. 70 and numerous SAAs throughout ZVAMC. ZVAMC only used containers, including 55-gallon drums, to store hazardous waste.

The buildings and areas at ZVAMC that were visited during the inspection are listed below along with my observations. All containers were observed to be properly closed and labeled, unless otherwise noted below.

Bldg. 111 Clinical Labs

On 3/26/13, I first inspected the Clinical Labs in Bldg. 111, and Lisa Crivello was the hazardous waste contact for these labs. In Room 2633, I observed a container of waste combined stains with a hazardous waste label and a funnel in it that was not closed. The technician responsible for this waste quickly put the cover on the container (see Photo 1). I next visited Room 2629 which housed the solvent still, used to purify and reclaim waste alcohol and xylene (see Photo 2). Lyndsay Jones reported the still bottoms were put in containers and managed as hazardous waste, one of which was next to the solvent still and properly labeled and closed. Also in this room was a flammable locker used to store hazardous waste from the labs and managed as a SAA (see Photo 3).

In the large Clinical Lab room (Room 2600) were the following processes which generated known hazardous wastes and their associated SAAs: 1) two Siemens analytical instruments that generated hazardous waste cartridges (see Photo 4 for a view of the wastes in plastic bags in a bin); 2) two Cepheid GeneXpert instruments that generated different hazardous waste cartridges (see Photo 5 for a view of the container used to collect the wastes); and 3) gram staining that generated hazardous waste stains (see Photo 6 for a view of where the process generates the waste and the container in the sink where wastes are collected and poured into the container on the counter). Mr. Stauder provided a copy of a table for these wastes that detailed these processes and indicated that the waste determinations were conducted in January and February 2013. Ms. Crivello believed the four instruments had been in operation since 2008, and Mr. Stauder reported the gram staining process was a standard process that had been in operation for a long time. However, waste determinations had only recently been completed (in January and February 2013), and the wastes were then managed as hazardous waste. Ms. Crivello explained that she had first started to try to make waste determinations for the wastes from the instruments about three years ago, but it took some time to get waste constituent information for the hazardous materials used in the instruments from the manufacturers. For the waste stains, prior to determining they were hazardous waste, the waste stains were discharged to the sink where the process occurred. However, when Mr. Stauder went through the waste determination process for the waste stains, he learned that the local Publicly Owned Treatment Works did not allow these discharges. Consequently, ZVAMC recently started accumulating the hazardous waste in containers after the February 2013 waste determination was made.

According to Ms. Crivello, wastes initially accumulated in these three SAAs in Room 2600, as well as from other SAAs in the Clinical Labs, were then moved to the flammable locker in Room 2629 down the hall which was also managed as a SAA. According to Mr. Stauder, the wastes from this locker were then picked up by Ms. Cole and brought to the CAA. I also inspected a few other SAAs in the Clinical Labs, and all containers I observed were properly labeled and closed.

After the inspection, Mr. Stauder provided information and a table for additional waste determinations for wastes generated in the Clinical Labs that were evaluated after the inspection. In an email I received after the inspection, Mr. Stauder reported VISN 12 had addressed the issue of waste determinations in the Clinical Labs globally by requiring that all new Clinical Lab instruments come with a waste stream determination.

The ZVAMC had addressed this issue locally through completion of waste determinations for all remaining Clinical Lab instruments or processes. The instruments or processes and the result of the waste determination are listed below:

1) Centaur instrument – not hazardous;
2) Hydrasys instrument – not hazardous;
3) Bench top patient specimen parasitology prep - hazardous;
4) Bench top patient specimen parasitology prep with Schaudin's Fixative – hazardous but the use of this process has been eliminated;
5) Sysmex SP1000 instrument – hazardous; and
6) Bench top Trichrome Staining Process – not hazardous.

The waste determinations were completed on 4/9/13, and the Clinical Lab immediately began collecting the Sysmex SP1000 waste. Patient specimen parasitology prep is a sporadic process but its waste will be collected the next time the process is conducted. Please see the enclosed table summarizing the Pathology and Laboratory Medical Service (P&LMS) waste stream characterizations (see Attachment C).

Bldg. 70 Central Accumulation Area (CAA)

I next inspected the CAA which consisted of a room next to the loading dock (see Photo 7). At the time of the inspection, employees of Earth Smart Environmental Solutions were processing the wastes from the CAA to prepare them for shipment off-site in their truck. The inventory of hazardous waste containers in the CAA at the time of the inspection included the following: three drums marked "Waste Xylene"; one gallon container marked "Trace Metals Waste"; a 30-gallon container labeled "Waste Xylene"; a 30-gallon container marked "Waste Diaminobenzidine"; and a drum marked "Mercury Containing Waste".

I inspected all of the containers in the CAA, and all were closed and had hazardous or universal waste labels with Accumulation Start Dates (ASDs), except for the one-gallon container marked "Trace Metals Waste" (see Photo 8) which did not have an ASD. Mr. Stauder contacted Ms. Cole who reported the container had been brought to the CAA the previous week. Also the drum with a Universal Waste label and marked "Mercury Containing Waste" had an ASD of 1/10/12 (see Photo 9). This drum was empty, and Mr. Stauder reported it had just been emptied by the waste contractor and appeared to have been stored more than a year.

I observed an emergency eye wash and shower, spill control and cleanup equipment, and a fire sprinkler system present in the CAA. A fire extinguisher and fire alarm were located nearby, as was a phone with an emergency information posting next to it (see Photo 10). The posting included the telephone number of the emergency coordinator and the location of the fire extinguisher, spill kit, and fire alarm.

Bldg. 111 Pharmacy and Chemotherapy Drug Preparation

I met with Rick Purko and Pete Bengtson to discuss the facility's procedures for handling unused and waste pharmaceutical and chemotherapy drugs. They explained that a drug redistributor,

PharmaLogistics, was used to take back unused drugs. Ms. Schimek reported this was the same redistributor other VAMCs in the VISN used, and she had visited their facility in Chicago and found it to be a well-run operation. Any unused drugs left over in a container or that cannot be taken by the redistributor are put in special containers for pickup by the waste contractor, and Mr. Purko reported this was minimal. According to Mr. Purko and Mr. Stauder, only three drugs that could potentially be acute hazardous wastes were ordered by the Pharmacy and these were strictly controlled to use them up or return them so that there were no wastes. Mr. Purko reported they had comprehensive procedures to reduce the amount of drugs on hand and wasted, including holding weekly meetings to plan for the drugs needed for the following week.

In a controlled room near the Pharmacy, the chemotherapy drugs were prepared to be administered to patients. According to Julie Velasquez, any of these drugs that were left over from treatment, or otherwise generated wastes, were put in plastic bags in a black container (see Photo 11), if they were hazardous waste, and picked up by the waste contractor.

Bldg. 70 Research Labs and Radioactive Waste Room

Bldg. 70 primarily housed numerous Research Labs. Although Mr. Wardecke reported funding for research had been significantly reduced, there were still many labs that were active. I inspected labs in Rooms D-136, D-129, D-226, D-221, C-217, C-203, C-131, C-123, and C-137 and observed all of the containers in the SAAs were properly labeled and closed. Example views of two of these SAAs are shown in Photos 12 and 13.

I also inspected the Radioactive Waste Room which was used to store radioactive waste regulated by the Nuclear Regulatory Commission (NRC). According to the report from the last inspection, this room contained mixed hazardous and radioactive waste during the last inspection, but I did not observe any such waste in the room. Shabbir Shivji reported this room was now used only to store waste regulated by NRC and not by EPA.

Facilities Maintenance Shops in Bldgs. 70, 97, and 108

I first inspected the Paint Shop in the basement of Bldg. 70. The painter who was present in the shop reported that all the containers of paint had been recently removed when the room had been cleared out to replace the insulation, and only the good paint was put back in the room. I later went to inspect the Paint Shop in Bldg. 97 and observed the waste contractor processing paint wastes in front of Stall 5 next to Bldg. 97 (see Photo 14). The contractor had poured out cans of old paint, mostly from the Paint Shop in Bldg. 70, into a drum with a Hazardous Waste label and marked "Waste Paints" (see Photo 15). The empty cans were being air dried to solidify the remaining liquids (see Photo 16).

I then inspected Bldg. 97 and observed a partially full drum of hazardous waste paint on the outside loading dock of the building (see Photo 17). Mr. Lilley reported the drum had been in Bldg. 70 and had been put on the loading dock until it could be picked up by the waste contractor. In the building in the Paint Shop was a drum for waste paints with a hazardous waste label and the words "Waste Solvent". Also in the shop was a paint booth (see Photo 18) that used filters to remove aerosols from the exhausted air. According to Mr. Lilley, the filters were

periodically changed, as needed, and the wastes were put in the trash. Mr. Stauder reported that he had performed a waste determination on the waste filters by checking the primary coatings used in the paint booth for hazardous constituents, but he had not had the wastes analyzed to verify they were not hazardous.

Next to the paint application room in the Paint Shop was the paint storage room. In this room, I observed many cans of paint, some of which were older paints. Mr. Lilley initially stated there were about 15 - 20 gallons of paint in the room that he could no longer use and were wastes. But Ms. Schimek believed that the paints could possibly still be used or given to somebody to use and were not yet wastes.

I also visited the Wood Shop in Bldg. 108, and I did not observe any hazardous or universal waste in this shop.

Bldg. 107 Motor Pool

This building was where ZVAMC heavy vehicles and grounds equipment were maintained. I observed numerous drums of used oil which were all labeled "Used Oil". I did not observe any hazardous or universal wastes in this building, and Adam Kreger reported they did not have a parts washer or paint booth.

Bldg. 20 Warehouse and Universal Waste Storage Area

Bldg. 20 is used as a warehouse and there was a designated area in the building for storage of spent fluorescent lamps managed as universal wastes. There were approximately 50 boxes of spent lamps in this area, and all the boxes appeared to be properly labeled (see Photo 19). I observed seven boxes that were not closed, including those that had no covers or had holes in them, and one box that did not have an ASD (see Photo 20).

ATTACHMENT A: PHOTOGRAPH LOG
ATTACHMENT B: WDNR INSPECTION CHECKLISTS
ATTACHMENT C: WASTE DETERMINATION INFORMATION FOR THE CLINICAL LABS
ATTACHMENT D: MANIFEST FOR 3/26/13 WASTE SHIPMENT

Zablocki Veterans Affairs Medical Center 3/26-27/13

SMALL QUANTITY GENERATOR INSPECTION

Revision: 10/31/2011
WASTE & MATERIALS MANAGEMENT PROGRAM

This Inspection Form, used for the inspection of facilities that generate between 100 kg (220 lbs) and 1000 kg (2205 lbs) of non acute hazardous waste in a calendar month and less than 1 kg of acute hazardous waste in a calendar month , evaluates facility compliance with Wisconsin's Hazardous Waste Management Rules (chapter NR 660 - 679, Wis. Admin. Code).

Section 1: Waste Information

A. Hazardous waste determination has been made on each solid waste generated (NR 662.011). The facility has completed about 90% of waste determinations	N	662.190(2) Photo☐
B. The waste determination has been made correctly, considering the listed waste definitions and the characteristics of the waste, in light of the materials or processes used (NR 662.011(3)).	Y	662.190(2) Photo☐
C. Waste samples are analyzed by laboratories certified or registered under NR 149. Provide lab names and certification numbers (NR 662.011(3)(a)1). 721026460 SF Analytical No. 241-249360 Northern Lake No. [redacted]	Y	662.190(2) Photo☐
D. Generator keeps records of all waste determinations on-site for at least three years from the date the waste was last sent to a storage, treatment or disposal facility.	Y	662.193(1)(b) Photo☐
E. Generator submitted a notification form and obtained an EPA ID# (NR 662.012). Note: A subsequent notification should be submitted when there is an ownership or name change.	Y	662.190(2) Photo☐

Section 2: Manifest, Pre-Transport Requirements and Off-Site Shipments

A. Generator sends waste off-site to be reclaimed under a contractual agreement. If NO, go to Question 2.E.	NO	Photo☐
B. Type of waste and frequency of shipments are specified in the contractual agreement.	—	662.191(1)(a) Photo☐
C. Vehicle used to transport the waste to the recycler and back to the generator is owned and operated by the reclaimer.	—	662.191(1)(b) Photo☐
D. Copy of the reclamation agreement is maintained for at least 3 years from the date the agreement is terminated or expires.	~	662.191(2) Photo☐
E. Generator sends hazardous waste off-site that is not reclaimed under a contractual agreement. If NO, go to Question 2.K.	Y	Photo☐
F. The manifest is used according to the instructions in the appendix to 40 CFR part 262 (NR 662.020(1)).	Y	662.190(2)(a) Photo☐
G. The facility designated on the manifest is permitted or licensed to accept the waste (NR662.020(2)).	Y	662.190(2)(a) Photo☐
H. For out-of-state shipments, a copy of the manifest is sent to the department within 30 days of receiving the signed copy from the designated facility (NR 662.023(3)). Facility has not sent copies of the manifests for out of state shipments since 3/11.	N	662.190(2)(a) Photo☐
I. Manifest continuation form, EPA form 8700-22A, is prepared according to the instructions in the appendix of 40 CFR part 262 (NR 662.020(1)).	Y	662.190(2)(a) Photo☐
J. If the generator received a shipment back as a rejected load, the returned waste has been accumulated in compliance with the container or tank standards for less than 180 days.	N/A	662.192(5) Photo☐

SMALL QUANTITY GENERATOR INSPECTION

Section 2: Manifest, Pre-Transport Requirements and Off-Site Shipments

K. Upon receipt of the rejected shipment, the generator signed EITHER of the following: 1. Manifest Item 18c if the transporter returned the shipment using the original manifest. 2. Manifest Item 20 if the transporter returned the shipment using a new manifest.	N/A	662.192(5) Photo☐
L. Copy of the manifest is signed by the generator and retained until the signed copy from the designated facility is received.	Y	662.193(1)(a) Photo☐
M. Copy of each manifest is kept for at least three years from the date of shipment.	Y	662.193(1)(a) Photo☐
N. Hazardous waste is packaged according to applicable DOT requirements before transport (NR 662.030).	Y	662.190.(2) Photo☐
O. Hazardous waste is labeled according to applicable DOT requirements before transport (NR 662.031).	Y	662.190(2) Photo☐
P. Hazardous waste is marked according to applicable DOT requirements before transport (NR 662.032(1)).	Y	662.190(2) Photo☐
Q. Containers of 119 gallons and less are marked with the "Hazardous Waste - Federal law prohibit improper disposal" label before transport (NR 662.032(2)).	X	662.190(2) Photo☐
R. Placards are offered to the initial transporter (NR 662.033). Transporter brings placards.	N/A	662.190(2) Photo☐

Section 3: Land Disposal Restrictions

A. Generator determined if each waste is prohibited from land disposal by lab analysis or generator knowledge.	Y	668.07(1) Photo☐
B. Generator complies with the prohibition against dilution of wastes.	Y	668.03 Photo☐
C.A one-time written notice is sent to each treatment, storage or disposal facility with the initial waste shipment.	Y	668.07(1) Photo☐
D. A new notification is sent to the TSD and maintained in the generator file when the waste or receiving facility changes.	Y	668.07(1) Photo☐
E. If the waste MEETS treatment standards, the LDR notice certifies the wastes may be land disposed without further treatment.	Y	668.07(1) Photo☐
F. If the waste EXCEEDS treatment standards, the LDR notice notifies of appropriate treatment and applicable prohibitions.	Y	668.07(1) Photo☐
G. Copy of the LDR notifications and certifications are retained for at least 3 years from the date the waste was last sent off-site.	Y	668.07(1)(h) Photo☐

SMALL QUANTITY GENERATOR INSPECTION

Section 3: Land Disposal Restrictions

H. Generator with a contractual agreement complies with BOTH of the following: 1. The notification and certification requirements for the initial shipment of the waste subject to the agreement. 2. Retains a copy of the notification and certification with the tolling agreement for at least 3 years after the agreement is terminated or expires.	N/A	668.07(1)(j) Photo ☐
I. Underlying hazardous constituents have been identified for characteristic wastes.	Y	668.09(1) Photo ☐
J. Generator identifies EITHER of the following when the waste is both a listed and characteristic waste: 1. The treatment standards for the listed waste code, in lieu of the treatment standard for the characteristic waste code. 2. The treatment standards for all applicable listed and characteristic waste codes.	Y	668.09(2) Photo ☐
K. If waste is treated in containers or tanks, the generator meets with BOTH of the following (NR 668.07(1)(e)): 1. Developed a waste analysis plan describing the procedures used to meet applicable LDR treatment standards. 2. Complies with the certification requirements in NR 668.07(1)(c).	N/A	662.192(1)(d) Photo ☐

Section 4: Annual Reports and Exception Reporting

A. Annual reports covering generator activities during the previous calendar year have been submitted to the Department by March 1 of the following year.	Y	662.193(3) Photo ☐
B. Copy of each annual report is kept for at least 3 years from the due date of the report.	Y	662.193(1)(c) Photo ☐
C. If the signed manifest copy is not received in 60 days, a legible copy of the manifest indicating no confirmation of delivery was submitted to the department.	N/A	662.193(2) Photo ☐

Section 5: Preparedness and Prevention

A. Generator has ALL of the following equipment, unless the equipment is not necessary for the types of wastes handled (665.0032): 1. Device to summon emergency assistance (e.g., telephone, 2 way radio). 2. Internal communications and alarm systems. 3. Portable fire extinguishers. 4. Fire control equipment, including special extinguishing equipment. 5. Spill control equipment. 6. Decontamination equipment (e.g., eyewash, shower). 7. Water at adequate volume and pressure to supply water spray systems.	Y	662.192(1)(d) Photo ☐
B. All of the above emergency equipment is tested and maintained to assure its proper operation in an emergency (665.0033).	Y	662.192(1)(d) Photo ☐
C. There is immediate access to internal or external alarms or an emergency communication device in hazardous waste handling areas (665.0034).	Y	662.192(1)(d) Photo ☐

SMALL QUANTITY GENERATOR INSPECTION

Section 5: Preparedness and Prevention

D. Generator has made ALL of the following arrangements with emergency organizations (NR 665.0037(1)): 1. Primary and support roles have been defined if multiple police and fire departments could respond to an emergency. Have own police dept. Also Fire Dept. visited facility regularly. 2. Police, fire and emergency response teams are familiar with the site layout, hazards of the waste handled, places where personnel work, entrances and roads in the site and possible evacuation routes. Yes - Binder of facility info. given to Fire dept. 3. Agreements are made with emergency response contractors and equipment suppliers. Local Hazmat agency 4. Local hospitals are familiar with the properties of wastes handled and the potential resulting injuries or illnesses. Facility is a hospital.	Y	662.192(1)(d) Photo ☐
E. Aisle space is provided throughout the facility to allow for the unobstructed movement of personnel and all emergency equipment (NR 665.0035).	Y	662.192(1)(d) Photo ☐

Section 6: Emergency Procedures & Personnel Training Requirements

A. A person has been identified as an emergency coordinator who is responsible for coordinating all emergency response measures and is on the premises or able to reach the site within a short period of time. Ms. Jane Whitehouse under Police Dept.	Y	662.192(1)(e)1 Photo ☐
B. ALL of the following information is posted next to the telephone: 1. Name and telephone number of the emergency coordinator. 2. Location of fire extinguishers, spill control material and, if present, fire alarm. 3. Telephone number of the fire department unless the generator has a direct alarm.	Y	662.192(1)(e)2 Photo ☐
C. In the event of an emergency, the emergency coordinator takes the following actions: 1. In the event of a release, telephone the division of emergency management (800-943-0003) and comply with NR 706. 2. In the event of a fire, call the fire department or attempt to extinguish the fire, if appropriate. 3. In the event of a spill, contain the flow of hazardous waste to the extent possible and clean up the hazardous waste and contaminated materials or soil. 4. If there is a release that could threaten human health outside the facility or if a spill reaches surface water, immediately notify the national response center (800-424-8802).	Y	662.192(1)(e)4 Photo ☐
D. All employees are thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal operations and emergencies.	Y	662.192(1)(e)3 Photo ☐

Section 7: Container Accumulation

A. Generator accumulates hazardous waste in containers. If NO, go to Section 8.	Y	 Photo ☐
B. The accumulation start date is clearly marked and visible for inspection on each container. Except for one container of waste stains stored less than a week	Y	662.192(1)(d)1 Photo ☒
C. All containers are clearly marked with the words "Hazardous Waste".	Y	662.192(1)(d)2 Photo ☐
D. The contents of a container that is leaking or in poor condition are transferred to another container in good condition (NR 665.0171).	Y	662.192(1)(b) Photo ☐

SMALL QUANTITY GENERATOR INSPECTION

Section 7: Container Accumulation

E. Containers are made or lined with materials compatible with the waste (NR 665.0172).	Y	662.192(1)(b) Photo☐
F. Containers are kept closed except when it is necessary to add or remove waste (NR 665.0173(1)).	Y	662.192(1)(b) Photo☐
G. Containers are opened, handled or stored to prevent leaks or ruptures (NR 665.0173(2)).	Y	662.192(1)(b) Photo☐
H. Container storage areas are inspected weekly for leaks and deterioration (NR 665.0174).	Y	662.192(1)(b) Photo☐
I. Incompatible wastes are stored in separate containers unless the mixing will not generate extreme heat, fire, explosion, toxic gases or other dangers (NR 665.0177(1)).	Y	662.192(1)(b) Photo☐
J. Containers of incompatible wastes are separated or protected from each other by a physical barrier (dike, berm, wall or other device) (NR 665.0177(3)).	Y	662.192(1)(b) Photo☐
K. Containers that previously held waste are properly washed before adding incompatible waste, unless the mixing will not generate extreme heat, fire, explosion, toxic gases or other dangers (NR 665.0177(2)).	N/A	662.192(1)(b) Photo☐

Section 8: Satellite Accumulation

A. Waste is accumulated in satellite accumulation areas. If NO, go to Section 9.	Y	Photo☐
B. Generator accumulates no more than 55 gallons of hazardous waste or 1 quart of acute hazardous waste in each satellite area.	Y	662.192(4)(a) Photo☐
C. Satellite containers are under the control of the operator of the process generating the waste. Containers of hazardous waste were moved from area SAA to another SAA.	N	662.192(4)(a) Photo☐
D. Containers are always kept closed except when it is necessary to add or remove waste (NR 665.0173(1)). Except for one container of waste staging in a SAA.	Y	662.192(4)(a)1 Photo☐
E. Containers are made of or lined with materials that are compatible with the waste (NR 665.0172).	Y	662.192(4)(a)1 Photo☐
F. Containers are marked "Hazardous Waste" or with other words that identify the contents.	Y	662.192(4)(a)2 Photo☐
G. If the container is leaking or in poor condition, contents are transferred to another container in good condition (NR 665.0171).	Y	662.192(4)(a)1 Photo☐
H. Container holding the excess waste is marked with the date the excess amount begins accumulating.	Y	662.192(4)(b) Photo☐

SMALL QUANTITY GENERATOR INSPECTION

Section 8: Satellite Accumulation

1. Generator complies with the 180 day accumulation requirements with respect to the excess amount within 3 days of it being generated.	Y	662.192(4)(b) Photo☐

Section 9: Used Oil

A. Used oil is managed on-site. If NO, go to Section 10.	Y	Photo☐
B. Used oil containing >= 1,000 ppm halogens is managed as listed hazardous waste or the rebuttable presumption requirements have been met.	N/A	679.10(2)(a)2 Photo☐
C. Used oil containers and tanks are in good condition and not leaking.	Y	679.22(2) Photo☐
D. Used oil containers and tanks are marked "used oil".	Y	679.22(3)(a) Photo☐
E. Transporter has an EPA ID number, except when generator self-transports or has a tolling agreement. Moore Oil Environmental - WIR000024711	Y	679.24 Photo☐
F. Used automotive oil filters and oil absorbent material are not land filled, except if less than 1 gallon absorbent results from a non-routine spill.	Y	Photo☐
G. If used oil is burned in an on-site used oil-fired space heater, all of the following are met: 1. Only used oil from the generator or household do-it-yourselfers is burned. 2. The heater is designed with a maximum capacity of 0.5 million BTU per hour or less. 3. The combustion gases are vented to the ambient air.	N/A	679.23 Photo☐
H. If used oil is accepted from others or sent off-site to be burned in a space heater, the used oil meets fuel specifications and the marketer requirements in NR 679 subch. H are met.	N/A	679.11 Photo☐

Section 10: Waste Minimization Certification

A. Small quantity generator has made a good faith effort to minimize the amount of waste generated (NR 662.027(2)).	Y	662.190(2)(a) Photo☐

Section 11: Generator Status Evaluation

A. Between 220 lbs (100 kg) and 2,205 lbs (1,000 kg) of waste is generated in any month.	Y	662.190(1) Photo☐
B. Waste is accumulated for 180 days or less.	X	662.192(1) Photo☐
C. Waste is accumulated for 270 days or less if the generator must ship 200 miles or more.	N/A	662.192(2) Photo☐

SMALL QUANTITY GENERATOR INSPECTION

Section 11: Generator Status Evaluation

D. Less than 13,230 lbs (6,000 kg) of waste is accumulated.	Y	662.192(1)(a)
		Photo ☐
E. Describe any other activities the generator is conducting at the facility.		
		Photo ☐

Zablocki Veterans Affairs Medical Center 3/26-27/13

UNIVERSAL WASTE HANDLER INSPECTION REPORT - SMALL QUANITY HANDLER

Revision: 03/27/2012
WASTE & MATERIALS MANAGEMENT PROGRAM

This Inspection Form, used for the inspection of facilities that generate or handle less than 5000 kg of universal waste (hazardous waste batteries, pesticide, lamps, antifreeze, and some mercury containing devices), evaluates facility compliance with Wisconsin's Hazardous Waste Management Rules (chapters NR 660-679, Wis. Admin. Code). The Universal waste regulations streamline the requirements for hazardous waste batteries, pesticide, lamps, antifreeze, and some mercury containing devices. Persons treating, disposing, recycling, or otherwise processing universal wastes are subject to applicable hazardous waste regulations.

Section 1: Prohibitions

A. Universal waste is not disposed on-site.	Y	673.11(1) Photo☐
B. Universal waste is not diluted or treated on-site. Note: Dilution or treatment does not include: sorting, mixing, discharging, regenerating, or disassembling batteries; removing batteries from consumer products or removing electrolytes; removing thermostat ampules; or, responding to a release of universal waste.	Y	673.11(2) Photo☐

Section 2: General Standards

A. Universal waste batteries and thermostats that are broken or show evidence of leakage or spillage are placed in closed, structurally sound containers that are compatible with the waste and are not leaking.	Y	673.13 Photo☐
B. Universal waste pesticides and lamps are placed in closed, structurally sound containers that are compatible with the waste and not leaking. Seven boxes of lamps were not closed.	N	673.13 Photo☑
C. Sorting, mixing or handling of batteries is only conducted if the battery casing is not breached and remains intact.	Y	673.13(1)(b) Photo☐
D. Wastes generated by handling or cleaning up spills of universal wastes are managed according to hazardous waste or solid waste rules.	Y	673.13 Photo☐
E. If mercury containing ampules are removed from thermostats, the handler meets ALL of the following: 1. Ampules are removed in a manner to prevent breakage. 2. Removal is conducted over a containment device. 3. Spills or leaks are immediately cleaned up. 4. Activity is performed in a well ventilated, monitored environment.	N/A	673.13(3)(b) Photo☐
F. Pesticides are placed in a tank that meets NR 665 subch. J requirements, except closure and post closure requirements in NR 665.0197(3) and waste analysis requirements in NR 665.0200.	N/A	673.13(2) Photo☐
G. Pesticides are placed in a transport vehicle or vessel that is closed, structurally sound, not leaking and compatible with the waste.	N/A	673.13(2) Photo☐
H. All universal wastes are labeled or marked "Waste" or "Used" followed by the specific type of universal waste handled or "Universal Waste".	Y	673.14 Photo☐
I. Containers, tanks, or transport vehicles of recalled pesticides are additionally marked with the label that was on or accompanied the product when it was sold or distributed.	N/A	673.14 Photo☐
J. Length of accumulation time is demonstrated by any of the following: 1. Mark or label each container with the earliest date the waste is generated or received. 2. Mark or label the individual item of waste with the date it was generated or received. 3. Maintain an inventory system identifying the date the waste was generated or received. 4. Place the universal waste in a specific accumulation area identified with the earliest date the waste was generated or received. 5. Use some other method that clearly demonstrates the length of accumulation time.	Y	673.15(3) Photo☑ Except one box did not have an accumulation start date.
K. Universal waste is accumulated for less than one year from the date generated or received from another handler. A drum of universal mercury waste was dated 1/10/12 and removed and shipped on 3/26/13.	N	673.15(1) Photo☑

Code/Stat ? : C: Compliance CA: Compliance with Concern R: Returned to Compliance X: Non-Compliance NA: Inspected, Not Applicable ND: Inspected, Not Determined NI: Not Inspected
Noncode ? : Y: Yes N: No UN: Unknown
Notes : *: Dept. approved alternate may apply No 'box' is an open ended question

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UNIVERSAL WASTE HANDLER INSPECTION REPORT - SMALL QUANITY HANDLER

Revision: 03/27/2012
WASTE & MATERIALS
MANAGEMENT PROGRAM

Section 2: General Standards

L. If universal waste is accumulated beyond one year, the handler can prove that accumulation was necessary to facilitate proper recovery, treatment or disposal.	No	673.15(2) Photo☐
M. Employees are trained on the proper handling and emergency procedures appropriate to the types of waste handled at the facility.	Y	673.16 Photo☐
N. Handler complies with ALL of the following when a release occurs: 1. Immediately contains the release. 2. Determines if the spill residue is hazardous waste. 3. If hazardous waste, disposes of it as such.	Y	673.17 Photo☐

Section 3: Off-site Shipments

A. Handler sends the waste to a destination facility, foreign destination or another handler.	Y	673.18(1) Photo☐
B. Handler that self-transports complies with ALL of the following: 1. Applicable US DOT regulations in 49 CFR parts 171 to 180 when transporting universal waste that meets the definition of hazardous materials. 2. Immediately contain release and make waste determination on spill residue. 3. If shipped to a foreign destination other than an OECD country, use an EPA acknowledgement of consent.	N/A	673.18(2) Photo☐
C. For hazardous materials, the handler packages, labels, marks, placards and prepares the proper shipping papers in accordance with DOT requirements in 49 CFR parts 172 to 180.	Y	673.18(3) Photo☐
D. When shipping to another universal waste handler, the handler has agreed to receive the shipment.	Y	673.18(4) Photo☐
E. If a shipment was rejected, EITHER of the following occurred: 1. The waste was sent back to the originating handler. 2. The originating handler agreed on a destination facility to which to ship the waste.	N/A	673.18 Photo☐
F. If a shipment contains hazardous waste, the handler receiving the shipment immediately notifies the Department.	N/A	673.18(7) Photo☐
G. Nonhazardous, nonuniversal waste, in a universal waste shipment is managed in compliance with the solid waste requirements.	N/A	673.18(8) Photo☐

3/27/13

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 19
COMMENTS: Overview of containers of spent fluorescent lamps.

SITE LOCATION: Universal Waste Storage Area in Bldg. 20

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 20
COMMENTS: Closer view of containers of spent fluorescent lamps showing some of the containers that were not closed. The rectangular box in the middle of the photo with the label facing out did not have an ASD.

SITE LOCATION: Universal Waste Storage Area in Bldg. 20

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 17
COMMENTS: View of waste paint thinner drum on loading dock that was moved from the Paint Shop in Bldg. 70.

SITE LOCATION: Outside Paint Shop in Bldg. 97

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 18
COMMENTS: Paint booth showing contaminated air filters.

SITE LOCATION: Paint Shop in Bldg. 97

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 15
COMMENTS: Drum used to accumulate waste paints during preparation of the waste shipment by the waste contractor.

SITE LOCATION: Outside Stall 5 Next to Paint Shop in Bldg. 97

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 16
COMMENTS: Containers of paints that had been emptied into the drum in Photo #15 for off-site disposal. The containers were being air dried to solidify the remaining paints.

SITE LOCATION: Outside Stall 5 Next to Paint Shop in Bldg. 97

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 13
COMMENTS: Another example view of containers of lab wastes in a lab hood in Room C-131, managed as a SAA.

SITE LOCATION: Research Labs in Bldg. 70

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 14
COMMENTS: View of area where waste paints were being consolidated and prepared for shipment off-site by the waste contractor.

SITE LOCATION: Outside Stall 5 Next to the Bldg. 97 Paint Shop

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott

SITE LOCATION: Chemotherapy Drug Preparation Area in Bldg. 111

PHOTO #: 11
COMMENTS: View of container used to collect all RCRA hazardous waste chemotherapy drugs in their original containers and in plastic bags.

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott

SITE LOCATION: Research Labs in Bldg. 70

PHOTO #: 12
COMMENTS: Example view of containers of lab wastes in Room D-129 managed as a SAA.

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 9
COMMENTS: Container of universal waste with an ASD of 1/10/12 that had just been emptied by the waste contractor.

SITE LOCATION: Central Accumulation Area in Bldg. 70

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott

PHOTO #: 10
COMMENTS: View of posting of emergency information next to the phone nearest to the CAA.

SITE LOCATION: Area Adjacent to Central Accumulation Area in Bldg. 70

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 7
COMMENTS: Overview of the CAA. A waste contractor was in the process of preparing and transporting hazardous waste in the CAA for off-site disposal.

SITE LOCATION: Central Accumulation Area (CAA) in Bldg. 70

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 8
COMMENTS: Container of hazardous waste without an accumulation start date (ASD).

SITE LOCATION: Central Accumulation Area in Bldg. 70

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 5
COMMENTS: Container managed as a SAA for accumulating hazardous waste cartridges from other analytical instruments.

SITE LOCATION: Clinical Labs in Bldg. 111

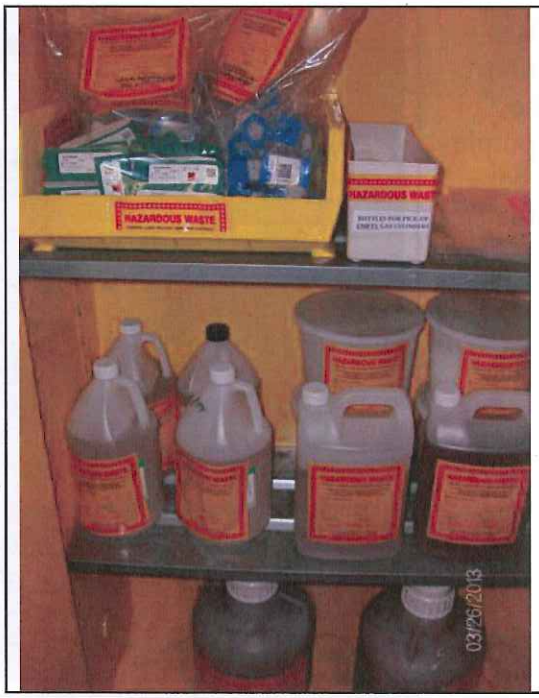
DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 6
COMMENTS: View of waste containers for gram stain wastes collected in the sink and poured into the container on the left, managed as a SAA.

SITE LOCATION: Clinical Labs in Bldg. 111

ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

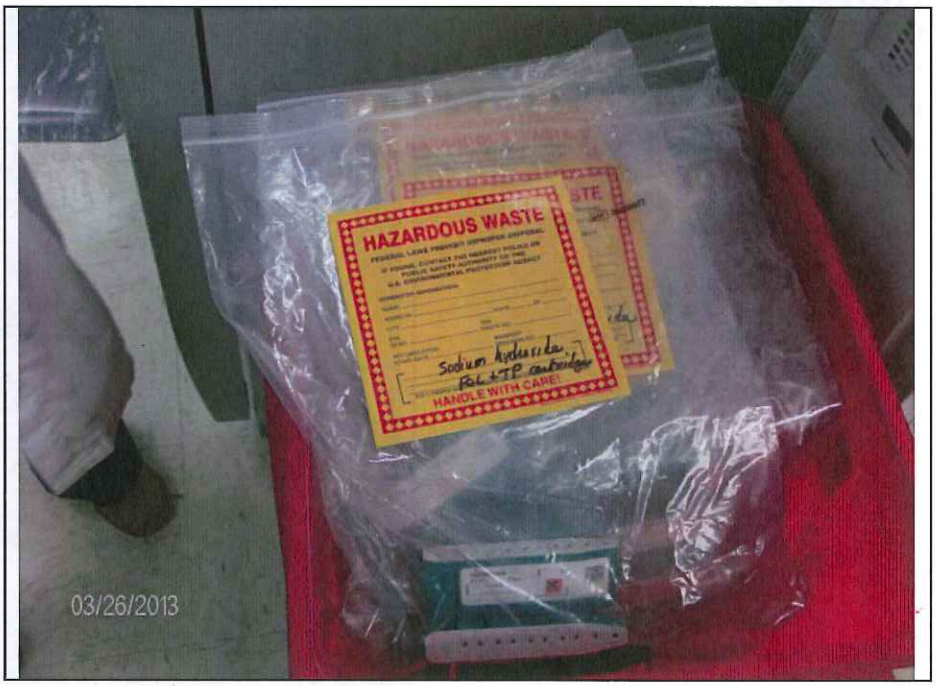
DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 3
COMMENTS: View of hazardous wastes generated from labs stored in a flammable locker in Room 2629.

SITE LOCATION: Clinical Labs in Bldg. 111



DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 4
COMMENTS: SAA for accumulating hazardous waste cartridges from the adjacent analytical instruments.

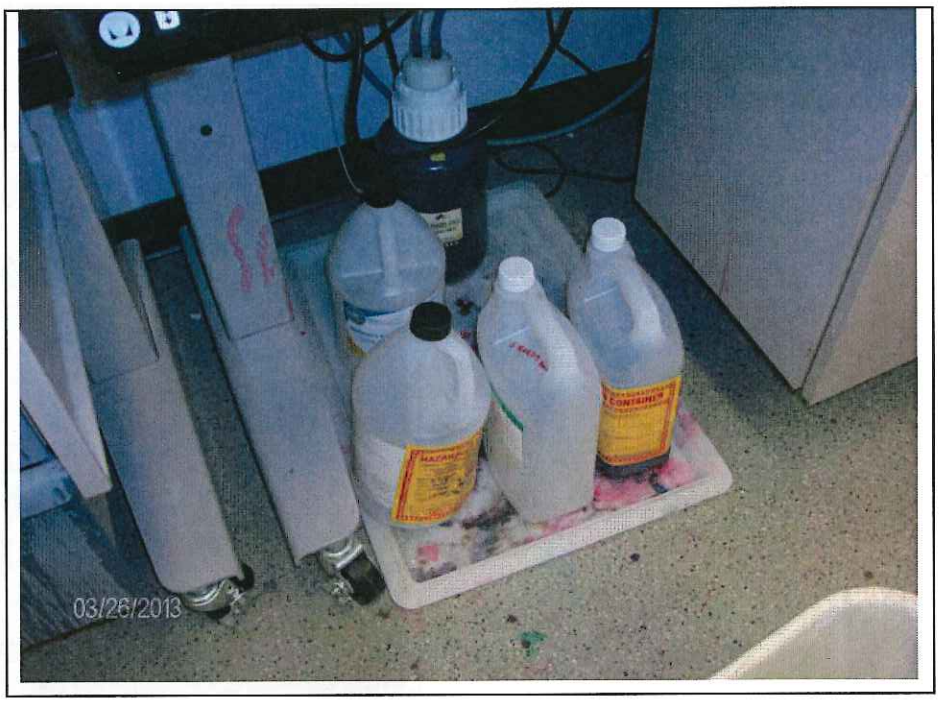
SITE LOCATION: Clinical Labs in Bldg. 111



ZABLOCKI VETERANS AFFAIRS MEDICAL CENTER PHOTOGRAPH LOG

DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 1
COMMENTS: Containers of lab wastes in a Satellite Accumulation Area (SAA) in Room 2633. The container on the right with the purple fluid in it was first observed to be open with a funnel in it before the cover was replaced by the Lab Technician.

SITE LOCATION: Clinical Labs in Bldg. 111



DATE TAKEN: 3/26/13
TAKEN BY: Michael Prescott
PHOTO #: 2
COMMENTS: View of solvent reclamation still and containers of waste still bottoms and waste purified solvents and in Room 2629.

SITE LOCATION: Clinical Labs in Bldg. 111